

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

IN RE APPLICATION OF: Koji SUEMATSU, et al.

SERIAL NO: 10/563,818

GAU: 1645

FILED: January 6, 2006

EXAMINER:

FOR: METHOD OF JUDGING RISK FOR DRUG-INDUCED GRANULOCYTOPENIA

INFORMATION DISCLOSURE STATEMENT UNDER 37 CFR 1.97

COMMISSIONER FOR PATENTS  
ALEXANDRIA, VIRGINIA 22313

SIR:

Applicant(s) wish to disclose the following information.

REFERENCES

- The applicant(s) wish to make of record the Supplementary European Search report and the reference(s) listed on the attached form PTO-1449. Copies of the listed reference(s) are attached, where required, as are either statements of relevancy or any readily available English translations of pertinent portions of any non-English language reference(s).
- Online credit card payment is being made in the amount required under 37 CFR §1.17(p).

RELATED CASES

- Attached is a list of applicant's pending application(s), published application(s) or issued patent(s) which may be related to the present application. In accordance with the waiver of 37 CFR 1.98 dated September 21, 2004, copies of the cited pending applications are not provided. Cited published and/or issued patents, if any, are listed on the attached PTO form 1449.
- Online credit card payment is being made in the amount required under 37 CFR §1.17(p).

CERTIFICATION

- Each item of information contained in this information disclosure statement was first cited in any communication from a foreign patent office in a counterpart foreign application not more than three months prior to the filing of this statement.
- No item of information contained in this information disclosure statement was cited in a communication from a foreign patent office in a counterpart foreign application or, to the knowledge of the undersigned, having made reasonable inquiry, was known to any individual designated in 37 CFR §1.56(c) more than three months prior to the filing of this statement.

DEPOSIT ACCOUNT

- Please charge any additional fees for the papers being filed herewith and for which no check or credit card payment is enclosed herewith, or credit any overpayment to deposit account number 15-0030.

Respectfully submitted,

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